

**AWARD NUMBER:** W81XWH-15-1-0278

**TITLE:** Spinal Cord Injury Veterans: Disability Benefits, Outcomes, and Health Care Utilization Patterns

**PRINCIPAL INVESTIGATOR:** Denise Fyffe, PhD

**ORGANIZATION:** Kessler Medical Rehabilitation Research & Education Corporation  
West Orange, NJ 07052

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**14. ABSTRACT**

The primary aim of the study is to compare the impact of having additional financial resources provided to service-connected SCI Veterans with non-service connected SCI-Veterans who do not have these additional financial resources. The goals achieved during Year 1, have been the preparation of the research team and Community Advisory Board to implement the study procedures. Study preparation included the following achievements: 1) obtaining approvals from local (Kessler) and VA Institutional Review Boards as well as HRPO approval; 2) WOC status for Kessler Foundation staff at the VANJHCS; 3) preparation of data collection instruments for Phase I (chart review); and 4) preparing data management systems (i.e., RedCap and NVivo) for data collection. In Phase I, we will conduct a standardized chart abstraction of demographics, veteran history, health, healthcare and disability benefits data on 30 SCI Veterans (15 SCI Veterans - VANJHCS and 15 SCI Veterans - Kessler). The chart review will help prepare and supplement data (e.g., development of semi-structured interviews and focus group questions) gathered in subsequent phases of the study.

**15. SUBJECT TERMS**

SCI Veterans, socioeconomic factors, VA disability compensation and benefits

**16. SECURITY CLASSIFICATION OF:**

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**1. INTRODUCTION:** Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.

Spinal cord injury (SCI) is among the most devastating and disabling medical conditions affecting wounded members of the military.<sup>1-3</sup> The Department of Veteran Affairs (VA) is the single largest SCI comprehensive healthcare provider in the nation.<sup>4</sup> There are approximately 42,000 Veterans with SCI eligible to receive care at the VA healthcare facilities.<sup>4</sup> VA disability benefits policy is designed to provide financial compensation for disabilities sustained or re-aggravated during military service; this is called a "service connected" disability.<sup>5-7</sup> Since the cost of living with an SCI can be insurmountable, the monthly financial compensation provided to service-connected SCI Veterans can assist with access to supportive resources (e.g., assistive devices, personal aide) to help them sustain their functional independence, participate in their home life, employment, and social activities that might otherwise be inaccessible and maintain positive quality of life (QOL).<sup>8,9-11</sup> Despite VA's efforts to reduce the financial burden associated with successful rehabilitation, independent living, and community integration through disability benefits, a portion of SCI Veterans have non-service connected disabilities because their disabilities were not incurred or aggravated by their military service.<sup>5-7</sup> Based on our literature review there are no studies to date that have compared the impact of having additional financial resources provided to service-connected SCI Veterans with non-service connected SCI-Veterans who do not have these additional financial resources. This is a notable oversight because the views and experiences of the service-connected and non-service SCI Veterans may be an invaluable source of insight to the VA Disability Compensation program's effectiveness. Using a community-based participatory design, the proposed study intends to address this gap by using qualitative research methods compare the impact having a service-connected SCI to non-service connected SCI based on their: 1) health status; 2) functional outcomes; 3) quality of life; 4) family and household; and 4) choice of rehabilitation or medical facilities (i.e., VA Center or non-VA Center). Study findings will be used to generate a set of practice recommendations to the clinical guidelines, family interventions, caregiver training, and patient education programs that can be tested in future large-scale multi-site quantitative study to devise targeted community-based interventions.

**2. KEYWORDS:** Provide a brief list of keywords (limit to 20 words).

SCI Veterans, socioeconomic factors, VA disability compensation and benefits

**3. ACCOMPLISHMENTS:** The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.

**What were the major goals of the project?**

*List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.*

**Specific Aims of the Project:**

1. Describe SCI veterans' reasons for seeking service-connected versus non-service connected disability compensation and the factors that influence their choice;

2. Explore the impact of service-connected and non-service connected disability benefits on: a) health status; b) functional outcomes; c) quality of life; and d) medical decisions (e.g., choice of VA SCI Center versus private sector).
3. Explore the impact of service-connection disability benefits on the SCI Veterans family caregivers and households.
4. Explore SCI clinicians' perspectives of the impact of service-connected and non-service connected SCI Veterans on the provision of adequate long-term healthcare and rehabilitation.
5. To develop a set of practice and policy recommendations about the impact of service-connected and non-service connected SCI Veterans to clinical and policy guidelines, family interventions, caregiver training and patient education programs.

### **SOW: Major Goals of the Project for Year 1**

	Timeline	Research Sites	% Completed
<b>Major Activity for Year 1: Prepare to launch the study</b>	<b>Months</b>		
1. Initiate research team meetings	Weekly/ bi-monthly	KF/ VANJHCS	100%
2. Research team and Community Advisory Board Kick-Off Meeting	1-3	KF/ VANJHCS	100%
<i>Milestone Achieved: Research team and CAB planning meeting</i>	1-3	KF/ VANJHCS	100%
3. KF and VANJHCS IRB approval	1-6	KF/ VANJHCS	100%
4. Coordinate with Sites for Military 2nd level IRB review (ORP/HRPO)	6-12	KF/ VANJHCS	100%
<i>Milestone Achieved: Local IRB and ORP/HRPO approvals</i>	1-12	KF/ VANJHCS	100%
5. Submit for WOB clearance status at VANJHCS	1-6	KF/ VANJHCS	100%
<i>Milestone Achieved: KF research team WOC status approved</i>	7-9	KF/ VANJHCS	100%
6. Research team training	Ongoing	KF/ VANJHCS	Ongoing
<i>Milestone Achieved: Research team training initiated and ongoing</i>	Ongoing	KF/ VANJHCS	Ongoing
7. Preparation of Data Collection	Ongoing	KF/ VANJHCS	Ongoing
<i>Milestone Achieved: Chart review data collection instruments drafted and reviewed by members of the CAB</i>	Ongoing	KF/ VANJHCS	Ongoing

### **What was accomplished under these goals?**

*For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.*

	Specific Objectives	Significant Results	Research Sites
<b>Major Activity for Year 1: Prepare to launch the study</b>			
1. Initiate research team meetings	- Standardize study operating procedures and logistics across sites	- Manual of operating procedures drafted for each phase of the study	KF/ VANJHCS
2. Research team and Community Advisory Board Kick-Off Meeting	- KF, VANJHCS and CAB study kick-off and planning meetings (via videoconference)	- Review of study objectives, phases and outcomes; defining the SCI Veteran comparison groups; reviewed recruitment and enrollment methods across sites; SCI Veteran screening questions to discern disability ratings and VA benefits compensation status of SCI Veterans were favorably reviewed by CAB. No revisions were noted. IRB application and consent forms were reviewed.	KF/ VANJHCS
3. KF and VANJHCS IRB approval	- Finalize consent forms, human subjects protocol, submit local IRB applications	- Local KF and VANJHCS IRB approval obtained	KF/ VANJHCS
4. Coordinate with Sites for Military 2nd level IRB review (ORP/HRPO)	- Submit Military 2nd level IRB review (ORP/HRPO)	- Military 2nd level IRB (ORP/HRPO) approved	KF/ VANJHCS
5. Submit for WOC clearance status at VANJHCS	- Obtain WOC for KF research team to facilitate conducting study at VANJHCS	- WOC status for KF research team was obtained	KF/ VANJHCS
6. Research team training	- Standardize study operating procedures and logistics across sites - Ensure the quality and credibility of data management	- Manual of operating procedures drafted - NVivo consultation initiated, qualitative data management planned for chart reviews (Phase 1) - RedCap training completed; chart review data collection instruments uploaded and pre-tested - WOC status achieved and ADPAC VA Privacy & Information Security Awareness & Rules of Behavior completed	KF/ VANJHCS
7. Preparation of Data Collection	- Development and pre-test chart review data collection instruments	- Chart review data collection instruments drafted - 2 Mock medical records reviewed at Kessler - Chart review data collection instruments pre-tested by members of the CAB	KF/ VANJHCS

*Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.*

**Stated goals not met:** Based on the SOW, we completed portions of Major Task 2 – Subtask 1; however, we did not meet the goals listed for Major Task 2 – Subtask 2: complete semi-structured interviews with service-connected and non-service connected SCI Veterans. The goals listed for Subtask 2 are dependent on the outcomes of Subtask 1. The goals were not met in Year 1 of the project due a combination of scientific (e.g., IRB and HRPO approvals/amendments) and administrative delays. As the research team and CAB finalized the consent form and human subjects protocol, we developed questionnaires to assess SCI Veterans demographic characteristics, Veteran history and disability compensation ratings in Phase I

and Phase II of the study. Although the research team initiated a timely submission to the Kessler Foundation and VANJHCS IRB Offices, delays resulted from the timing of IRB monthly meetings to review the applications, changes in the protocol that required amendments and final authorization by the USAMRMC Office of Research Protections, Human Research Protection Office (HRPO). The research team has also used this first year of the project to learn about the logistics of the organizational structure, administration, and patient care at Kessler and the VANJHCS. This learning experience has facilitated access to medical charts to initiate Phase I of the project. However, the preparatory steps required to complete goals listed for Major Task 2 are being completed at this time and the research team will be able to address these goals in the upcoming months of the project. Please refer to description of plans for next reporting period on page 9.

**What opportunities for training and professional development has the project provided?**

*If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. “Training” activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. “Professional development” activities result in increased knowledge or skill in one’s area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.*

Training and Professional Development Activities		
	Training activities	Trainer(s)
1. WOC training	- VA Privacy and Information Security Awareness and Rules of Behavior - Privacy and HIPAA Training	US Department of Veterans Affairs Talent Management System
2. Study Coordinator	- Project Management Training Course	Fred Pryors Seminars
3. RedCap	- Using REDCap: Data management in studies linking primary and secondary data ( <a href="http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1044">http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1044</a> )	- HSR&D Cyberseminar
4. NVivo	- Planning chart review (Phase I) data collection and management in NVivo (including coding chart reviews and inter-coder reliability)	Kristi Jackson, PhD (QUERI – Qualitative Research & Training)
5. Kessler	- Introduce the research team to the different types of medical record systems (e.g., AllScripts and TherapySource) - Kessler research team developed standardized methods to request, blind, and abstract medical records	Denise Fyffe, PhD Kessler Medical Chart Office staff (Denise D'Urso, Clinic Manager) (Lucretia Boyce, HIM Manager and Caesar Maldonado, Medical Records)
6. VANJHCS	- preparation of IRB application/amendment submissions - VA medical record systems and the content of these medical records Computerized Patient Record System (CPRS) - Kessler and VANJHCS research team developed standardized methods to request, blind and abstraction of medical records	Carol Gill, MD Joyce Williams, LCSW Donna Geppner, MSOL, CTTS, CIP Program Analyst/IRB Administrator (VANJHCS IRB Office)



**How were the results disseminated to communities of interest?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.*

An abstract was submitted to the PVA 2016 meeting describing the award and planned methods of data collection, however, this abstract was not accepted. The research team plans to submit to the PVA 2017 and present results from the chart review (Phase 1).

**What do you plan to do during the next reporting period to accomplish the goals?**

*If this is the final report, state “Nothing to Report.”*

*Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.*

The primary goal of next reporting period is to accomplish the goals listed for Major Task 2, Subtask 2. We revised the timeline accordingly.

Major Task 2: Complete semi-structured interviews with service-connected and non-service connected SCI Veterans	Months	Research Sites	
AIM 1: Describe SCI veterans' reasons for seeking service-connected versus non-service connected disability compensation and the factors that influence their choice			
Phase I of study completed (15 charts reviewed per site)	13-16	DF	CG
Subtask 2: Refine semi-structured interview questions based on chart review results	14-18	DF	CG
Progress report to CAB and review content of semi-structured interview	15-18	DF	CG
QSR Consultation: Data collection and transcription planning (interview) collection process, data formatting, analysis plan	15-18	DF	CG
<i>Milestone Achieved: semi-structured interview questions developed</i>	15-18	DF	CG
<i>Milestone Achieved: 1st participant consented, screened and enrolled</i>	19-21	DF	CG
<i>Milestone Achieved: Semi-structured interviews with SCI Veterans begin</i>	19-21	DF	CG
Begin subject recruitment ( <i>Recruitment goal: 30 service connected and 30 non-service connected</i> )	19-24	DF	CG
QSR Consultation: Coding (chart review and interviews) planning and review, including inter-coder consistency	19-24	DF	CG
<i>Milestone Achieved: Phase II of study completed</i>	19-24	DF	CG

- 4. IMPACT:** Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:

**What was the impact on the development of the principal discipline(s) of the project?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).*

**What was the impact on other disciplines?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.*

Nothing to report

**What was the impact on technology transfer?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:*

- *transfer of results to entities in government or industry;*
- *instances where the research has led to the initiation of a start-up company; or*
- *adoption of new practices.*

Nothing to report

**What was the impact on society beyond science and technology?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:*

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

Although the research team has not started data collection, the Community Advisory Board (CAB) and research team have reported anecdotal benefits of their increased knowledge about VA Benefits with other SCI Veterans based on CAB meetings that have occurred over the past grant year.

Anecdotal report from a Community Advisory Board and clinical staff at the VANJHCS: A newly injury SCI Veteran was receiving rehabilitation at Kessler. A few days before his discharge, a CAB member (who

happens to be a Veteran) visited him on the SCI Unit at Kessler. The patient and family were visibly upset and concerned about the logistical, assistive, and financial outcomes of SCI while moving back into his home. The CAB member educated this patient about VA disability compensation benefits and put him in contact with a member of the research team at the VANJHCS. The SCI Veteran and his family have subsequently initiated rehabilitative services at the VANJHCS and sought Veterans Administration Benefits. This anecdotal report summarizes the invaluable ways in which knowledge translation of research and consumer involvement can improve the well-being of SCI Veterans – one Veteran at a time.

- 5. CHANGES/PROBLEMS:** The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:

**Changes in approach and reasons for change**

*Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.*

- (a) *Protocol Change for Phase I.* Initially, participants involved in Phase I would only be asked to complete the phone consent form with a study staff member granting permission to view their medical record. Participants for Phase I will now be asked to complete questionnaires over the phone with a study staff member after consent is obtained. At KF, consent will still only be sought over the phone, and questionnaires will also be completed over the phone. At VANJHCS, participants will be consented over the phone and in-person, and the questionnaires can be completed either over the phone or in-person. These questionnaires include a Demographic form, the Disability Compensation Rating (DCR) questionnaire, and the SES and Economic Hardship questionnaire. It will take approximately 30 minutes to complete these questionnaires. The Demographic form and DCR were developed between May and June, and the amendment applications and supporting documents were submitted to the IRB at KF and VANJHCS on 23-June-2016. Approval was granted at KF on 28-June-2016, and at VANJHCS on 13-July-2016. Both notices of approval and supporting documents were submitted to HPRO on 19-July-2016 and approval was granted on 01-August-2016

**Actual or anticipated problems or delays and actions or plans to resolve them**

*Describe problems or delays encountered during the reporting period and actions or plans to resolve them.*

- (a) *Staffing Changes.* Lorena Garcia was the research assistant for the current project from September 2015-June 2016, when she resigned from KF to begin a doctoral program. The position announcement has been posted, but no eligible applicants have been identified as of August 2016. Once identified, the hiring process takes approximately 6-8 weeks at KF. The hope is to have someone begin the hiring process by the end of September 2016 and begin training by the beginning of November 2016.

Additionally, the original QSR NVivo consultant Cynthia Jacobs, EdD of QSR International resigned from her position in May 2016. A new consultant was recommended by Dr. Jacobs, named Dr. Kristi Jackson of QUERI Qualitative Research and Training. Dr. Jackson negotiated her consultant

agreement and officially signed on as the study consultant on July 2016. Drs. Fyffe and Jackson had their initial consultation 25-July-2016 in preparation for the implementation of Phase I.

- (b) *Logistical delays with IT and purchasing.* Obtaining WOC clearance and network access at the VANJHCS was delayed several times due to technical difficulties with various computer systems. Initial WOC clearance was delayed due to the KF staff being unable to be fingerprinted for some time and for issues with the E-QIP system used to process background checks. Once WOC status was obtained, there was significant delay in obtaining ID badges, network IDs and log-on information for the various VA computer systems due to the demanding schedules of supporting VA staff and the necessary software programs being unavailable/not functioning at times when KF staff was scheduled to go to the VANJHCS. All IT issues have since been resolved and all KF staff members have access to the building and computers at the VANJHCS.

Currently, the process has been initiated to purchase a laptop for use of data collection and analysis for VANJHCS participants. A laptop meeting all security and hardware specifications has been identified and approved by the VA's IT, but there are delays in obtaining final approval of the purchase from the VANJHCS IT department and Veterans Bio-Medical Research Institute. Final approval to order the VA laptop was confirmed with the VANJHCS the Veterans Bio-Medical Research Institute and Kessler on 08/17/2016.

- (c) *Plans for resolution of delays.* We will make every effort to conduct activities moving forward as in the timeframe proposed in the original statement of work. However, a revised SOW has been included to account for the delays and an updated timeline has been proposed for Year 2 of the project (refer to page 9).

### **Changes that had a significant impact on expenditures**

*Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.*

*Staffing Changes.* Lorena Garcia was the research assistant for the current project from September 2015-June 2016, when she resigned from KF to begin a doctoral program. The position announcement has been posted, but no eligible applicants have been identified as of August 2016. Once identified, the hiring process takes approximately 6-8 weeks at KF. The hope is to have someone begin the hiring process by the end of September 2016 and begin training by the beginning of November 2016.

### **Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents**

*Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.*

### **Significant changes in use or care of human subjects**

A minor protocol change was made during this reporting period. See Section 5 "Changes and Problems" (page \_) for full details.

**Significant changes in use or care of vertebrate animals**

Not applicable (no research with vertebrate animals is being done)

**Significant changes in use of biohazards and/or select agents**

Not applicable (no use of biohazards or select agents)

**6. PRODUCTS:** List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state “Nothing to Report.”

- **Publications, conference papers, and presentations**

Report only the major publication(s) resulting from the work under this award.

**Journal publications.** *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume; year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

None to date

**Books or other non-periodical, one-time publications.** *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

None to date

**Other publications, conference papers and presentations.** *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (\*) if presentation produced a manuscript.*

None to date

- **Website(s) or other Internet site(s)**

*List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.*

None to date

- **Technologies or techniques**

*Identify technologies or techniques that resulted from the research activities. Describe the technologies or techniques were shared.*

None to date

- **Inventions, patent applications, and/or licenses**

*Identify inventions, patent applications with date, and/or licenses that have resulted from the research. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.*

None to date

- **Other Products**

*Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and /or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:*

- *data or databases;*
- *physical collections;*
- *audio or video products;*
- *software;*
- *models;*
- *educational aids or curricula;*
- *instruments or equipment;*
- *research material (e.g., Germplasm; cell lines, DNA probes, animal models);*
- *clinical interventions;*
- *new business creation; and*
- *other.*

Several questionnaires/instruments have been developed during the first year of the project. These questionnaires include a Demographic form, the Disability Compensation Rating (DCR) questionnaire, and the SES and Economic Hardship questionnaire, and were developed for use with SCI Veterans in Phases I and II of the study. They are attached as Appendices A, B and C, respectively.

## **7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS**

**What individuals have worked on the project?**

*Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate “no change”.*

*Example:*

*Name: Mary Smith  
Project Role: Graduate Student  
Researcher Identifier (e.g. ORCID ID): 1234567  
Nearest person month worked: 5*

*Contribution to Project: Ms. Smith has performed work in the area of combined error-control and constrained coding.  
Funding Support: The Ford Foundation (Complete only if the funding support is provided from other than this award.)*

Name:	Denise Fyffe, PhD
Project Role:	Principal Investigator
Nearest person month worked:	0.43
Contribution to Project	Dr. Fyffe oversees all aspects of the research project, ensures tasks are conducted on-time and within budget, and coordinates regular study meetings to monitor the overall study progress across all sites. She led staff training in data collection and management using REDCap and NVivo software. Dr. Fyffe has ongoing correspondence with the all members of the CAB and research teams at both sites. Dr. Fyffe leads weekly and collaborative research team meetings as well as CAB meetings. She submitted IRB applications at KF and VANJHCS, and the update of those applications to the HRPO. Dr. Fyffe has gained WOC status at VANJHCS, and is continuing training with VA's IT. She led the development of the Disability Rating Compensation Form and Demographic questionnaires for use in Phases I and II. She has also consulted with Dr. Jackson concerning how to best use the qualitative data analysis software QSR NVivo for all phases of the study, and initiated the processes necessary to purchase a laptop for data collection at the VANJHCS.

Name:	Ashleigh Quinn
Project Role:	Research Coordinator (KF)

Nearest person month worked:	0.76
Contribution to Project	Ms. Quinn coordinates the study at KF. She participated in staff training, weekly and collaborative research team meetings, as well as CAB meetings. She facilitates correspondence with the all members of the CAB and research teams at both sites. She assisted with the submissions of IRB applications at KF and VANJHCS, and the updated applications to the HRPO. Ms. Quinn obtained WOC status with VANJHC and has completed all necessary privacy and information security training requirements for the VANJHCS. She assisted in obtaining medical records for review with the patient and medical records staff, and is responsible for developing the chart abstraction protocol. Ms. Quinn has participated in numerous trainings for REDCap and NVivo 11, as well as assisted in the development of the Disability Compensation Rating form and Demographic questionnaire.

Name:	Lorena Garcia
Project Role:	Research Assistant (KF)
Nearest person month worked:	0.08 / 0.00
Contribution to Project	Ms. Garcia participated in staff training, weekly and collaborative research team meetings, as well as CAB meetings. Ms. Garcia obtained WOC status with the VANJHCS, and has completed all necessary privacy and information security training requirements for the VANJHCS. She also participated in numerous trainings for REDCAP and NVivo 11, assisted with the set-up of REDCap in preparation for data input and analysis, and also helped with the development of the Disability Compensation Rating form and the Demographic questionnaire. Ms. Garcia resigned from Kessler Foundation to begin a graduate program in June 2016, and the process has been initiated to hire a new research assistant for this project.

Name:	Carol Gill, MD
Project Role:	Co-Investigator/Collaborating Site Lead Investigator
Nearest person month worked:	0.3
Contribution to Project	Dr. Gill oversees all aspects of the project taking place at the East Orange Campus of the VANJHCS. Dr. Gill participated in monthly collaborative KF team research and CAB meetings address study management, procedures, and logistics across sites. She contributed to preparation of the IRB applications and HRPO submissions. Dr. Gill also facilitated correspondence with the VANJHCS Office of Research & Development, submitted the IRB



	application at VANJHCS site, and assisted with any VANJHCS site contact that is necessary, including IT for the purchase of the laptop. She has assisted in trainings for the KF staff in the use of CPRS.
--	--

Name:	Joyce Williams, LCSW
Project Role:	Co-Investigator
Nearest person month worked:	0.6
Contribution to Project	Ms. Williams assists Dr. Gill with all aspects of the study at VANJHCS. Ms. Williams participated in monthly collaborative KF team research and CAB meetings address study management, procedures, and logistics across sites. She contributed to preparation of both KF's and VANJHCS's IRB applications, facilitated correspondence with the VANJHCS Office of Research & Development, and assisted with the submissions to the HPRO. She has assisted in trainings for KF staff in the use of CPRS, and assists KF staff as necessary when working at the VANJHCS.

**Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

*If there is nothing significant to report during this reporting period, state "Nothing to Report."*

*If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.*

Nothing to report

**What other organizations were involved as partners?**

*If there is nothing significant to report during this reporting period, state "Nothing to Report."*

*Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.*

*Provide the following information for each partnership:*

Organization Name:

Location of Organization: (if foreign location list country)

Partner's contribution to the project (identify one or more)

- *Financial support;*
- *In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);*
- *Facilities (e.g., project staff use the partner's facilities for project activities);*
- *Collaboration (e.g., partner's staff work with project staff on the project);*
- *Personnel exchanges (e.g., project staff and/or partner's staff use each other's facilities, work at each other's site); and*
- *Other*

Organization Name:	East Orange Campus of the VA New Jersey Health Care System
Location of Organization:	385 Tremont Avenue East Orange, NJ 07018
Partner's Contribution to Project:	Collaboration, facilities, and Personnel exchanges

Organization Name:	QUERI Qualitative Research and Training Kristi Jackson, PhD (President)
Location of Organization:	801 Pennsylvania #205 Denver, CO 80203
Partner's Contribution to Project:	Consultant in qualitative management and analysis in NVivo, project structure, coding and analysis plan

## 8. SPECIAL REPORTING REQUIREMENTS

**COLLABORATIVE AWARDS:** For collaborative awards, independent reports are required from BOTH the Initiating Principal Investigator (PI) and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to <https://ers.amedd.army.mil> for each unique award.

**QUAD CHARTS:** If applicable, the Quad Chart (available on <https://www.usamraa.army.mil>) should be updated and submitted with attachments.

**9. APPENDICES:** Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.

- a. Appendix 1. Demographic questionnaire
- b. Appendix 2. Disability compensation questionnaire
- c. Appendix 3. SES and Economic hardship questionnaire

## Appendix 1. Disability questionnaire

\_\_\_\_\_  
*Subject ID*

\_\_\_\_\_  
*Interviewer Initials*

**Demographic Form**

**A. Background**

**[DEM\_A1] date**

*Today's Date*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

**[DEM\_A2] age**

*What is your age?*

\_\_\_\_ years

**[DEM\_A3] gender**

*Would you identify yourself as...?*

- 1 Male
- 0 Female
- 77 Don't know
- 99 Refused

**[DEM\_A4] birthplace**

*In what country were you born?*

- 1 United States
- 2 Other Country → Complete [DEM\_A4a]
- 77 Don't know
- 99 Refused

**[DEM\_A4a]**

*What year did you move to the United States?*

\_\_\_\_

**[DEM\_A5] language**

*What language do you mainly speak at home?*

- 1 English
- 2 Spanish
- 3 Other language → Complete [DEM\_A5a]
- 77 Don't know
- 99 Refused

**[DEM\_A5a]**

*Please specify which other language:* \_\_\_\_\_

\_\_\_\_\_  
*Subject ID*

\_\_\_\_\_  
*Interviewer Initials*

**Demographic Form**

**[DEM\_A6] hispanic**

*Are you of Hispanic, Latino, or Spanish origin or descent?*

- 1      Yes
- 0      No
- 77     Don't know
- 99     Refused

**[DEM\_A7] race**

*We would like to know how you describe yourself racially. Do you consider yourself to be...? Mark all that apply.*

- 1      American Indian or Alaska Native
- 2      Asian
- 3      Black or African American
- 4      Native Hawaiian or Other Pacific Islander
- 5      White or Caucasian
- 6      Other → Complete **[DEM\_A7a]**
- 77     Don't know
- 99     Refused

**[DEM\_A7a]**

*Please specify which other race:* \_\_\_\_\_

<b>B. Home and Employment</b>
-------------------------------

**[DEM\_B1] marstatus**

*What is your marital status?*

- 0      Single
- 1      Married
- 2      Divorced
- 3      Widowed
- 4      Living with partner
- 77     Don't know
- 99     Refused

**Demographic Form****[DEM\_B2] typeresidence***Where are you currently living?*

- 1 In-patient rehabilitation facility
- 2 VA housing
- 3 VA nursing home
- 4 Other rehabilitation or long-term care facility
- 5 At a private residence ("at home")
- 6 Other
- 77 Don't know
- 99 Refused

**[DEM\_B3] personsinresidence***Does anyone live with you?*

- 1 Yes → Complete **[DEM\_B3a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_B3a] personsinresidence\_specify***Who lives with you?*

	Household member first name	Sex		Age (777, 999)	Relationship (see codes)
		M	F		
a.		1	2	___ ___	___ ___
b.		1	2	___ ___	___ ___
c.		1	2	___ ___	___ ___
d.		1	2	___ ___	___ ___
e.		1	2	___ ___	___ ___
f.		1	2	___ ___	___ ___
g.		1	2	___ ___	___ ___
h.		1	2	___ ___	___ ___
i.		1	2	___ ___	___ ___
j.		1	2	___ ___	___ ___

**Demographic Form**

01 = Spouse	08 = Brother	16 = Other relative
02 = Son	09 = Sister	17 = Friend
03 = Daughter	10 = Nephew	18 = Boarder, renter
04 = Son-in-law	11 = Niece	19 = Paid employee
05 = Daughter-in-law	12 = Cousin	20 = Other unrelated
06 = Grandchild	13 = Uncle	77 = Don't know
07 = Parent of respondent	14 = Aunt	99 = Refusal
	15 = Great-grandchild	

**[DEM\_B4] education***How far did you get in school?*

- 1 Grade 6 or less
- 2 Grade 7-12 (without graduating high school)
- 3 Graduated high school or high school equivalent
- 4 Part college
- 5 Graduated 2 year college
- 6 Graduated 4 year college
- 7 Part graduate/professional school
- 8 Completed graduate/professional school
- 77 Don't know
- 99 Refused

**[DEM\_B5] employcurrent***Are you currently employed?*

- 1 Yes → Complete **[DEM\_B5a-c]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_B5a] employtime***Are you employed...?*

- 1 Full-time
- 2 Part-time
- 3 Other → Complete **[DEM\_B5a1]**

**[DEM\_B5a1] employtime\_other***Please specify other: \_\_\_\_\_***[DEM\_B5b] employtitle***What is your title? \_\_\_\_\_*

**Demographic Form****[DEM\_B5c] employpreinjury**

*Are you employed in the same type of work as before your injury?*

- 1 Yes
- 0 No → Complete **[DEM\_B5c1]**
- 77 Don't know
- 99 Refused

**[DEM\_B5c1] employpreinjury\_specify**

*Please list previous occupation: \_\_\_\_\_*

**[DEM\_B6] longestoccupation**

*What is the occupation you have held for the longest time? If you are retired what was the occupation you held for the longest time before you retired?*

- 1 Professional, Technical, & Related (teacher/professor, nurse, lawyer, physician, engineer)
- 2 Manager, Administrator, or Proprietor (sales manager, real estate agent, or postmaster)
- 3 Clerical & Related (secretary, clerk, mail carrier)
- 4 Sales (salesperson, demonstrator, agent, broker)
- 5 Service (police, cook, hairdresser)
- 6 Skilled Crafts & Related (carpenter, repairer, telephone line worker)
- 7 Equipment or Vehicle Operator & Related (driver, railroad brakeman, sewer worker)
- 8 Laborer (helper, longshoreman, warehouse worker)
- 9 Farmer (owner, manager, operator, tenant)
- 10 Member of the military
- 11 Homemaker
- 12 Other → Complete **[DEM\_B6a]**
- 13 Student
- 77 Don't know
- 99 Refused

**[DEM\_B6a] longestoccupation\_other**

*Please describe other occupation: \_\_\_\_\_*

**[DEM\_B7] currentemploysatisfy**

*Are you satisfied with your current employment status?*

- 1 Yes
- 0 No → Complete **[DEM\_B7a]**
- 77 Don't know
- 99 Refused



Subject ID

Interviewer Initials

**Demographic Form**

**[DEM\_B7a] currentemploysatisfy\_specify**

*Why aren't you satisfied with your current employment status?*

*What would you like to change about your current employment status?*

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**[DEM\_B8] incometotal**

*What was your total household income (income from all sources, including child support, alimony, disability, SSI, unemployment) before taxes, in 2015? Please remember your answers are confidential.*

- 1 Less than \$25,000
- 2 \$25,000 - \$49,999
- 3 \$50,000 - \$74,999
- 4 \$75,000 or more
- 77 Don't know
- 99 Refused

**[DEM\_B9] incomesources**

*Please indicate whether your family received income (in the past 12 months) in any of the categories listed below. Please think about income from all members of this family who live at this address and who are 15 years of age or older.*

a. Wages, salary, commissions, bonuses, or tips from all jobs

1 Yes                      0 No                      77 Don't know                      99 Refused

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships

1 Yes                      0 No                      77 Don't know                      99 Refused

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts

1 Yes                      0 No                      77 Don't know                      99 Refused

d. Social Security or Railroad retirement

1 Yes                      0 No                      77 Don't know                      99 Refused

e. Supplemental Security Income (SSI)

1 Yes                      0 No                      77 Don't know                      99 Refused

\_\_\_\_\_  
*Subject ID*

\_\_\_\_\_  
*Interviewer Initials*

**Demographic Form**

f. Any public assistance or welfare payments from the state or local welfare office

1 Yes                      0 No                      77 Don't know                      99 Refused

g. Retirement, survivor, or disability pensions

1 Yes                      0 No                      77 Don't know                      99 Refused

h. Veterans' (VA) service-connected disability compensation payments

1 Yes                      0 No                      77 Don't know                      99 Refused

i. All other VA payments (e.g., VA education payments)

1 Yes                      0 No                      77 Don't know                      99 Refused

j. Any other sources of income received regularly such as unemployment compensation, child support, or alimony

1 Yes                      0 No                      77 Don't know                      99 Refused

**[DEM\_B10] incomedepend**

*How many people depend on this income?*

\_\_\_\_\_ Number of children (under 18 years)

\_\_\_\_\_ Number of adults (over 18 years)

<b>C. Veteran History</b>
---------------------------

**[DEM\_C1] active\_duty**

*Have you ever served on active duty in the U.S. Armed Forces? (Active duty includes serving in the U.S. Armed Forces, as well as activation from the Reserves or National Guard).*

- 1      Yes, on active duty in the past, but not now → Complete **[DEM\_C1a]**
- 2      Yes, now on active duty
- 0      No, never on active duty except for initial/basic training
- 00     No, never served in the U.S. Armed Forces

**Demographic Form****[DEM\_C1a] natlguard\_reserve**

*Was any of this active duty service part of a mobilization or activation while serving as a member of the National Guard or Reserve Component?*

- 0 Never served on active duty as a member of the National Guard/Reserve Component
- 1 Yes, served on active duty while in the National Guard/Reserves (and I am **still** serving in the National Guard/Reserves)
- 2 Yes, served on active duty while in the National Guard/Reserves (and have **separated/retired** from the National Guard/Reserves)
- 77 Don't know
- 99 Refused

**[DEM\_C2] branch**

*In which branch or branches did you serve on active duty? Mark all that apply.*

- 1 Army
- 2 Navy
- 3 Air Force
- 4 Marine Corps
- 5 Coast Guard
- 6 Other (e.g. the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.D. Merchant Marine)
- 77 Don't Know
- 99 Refused

**[DEM\_C3] datesserved**

*When did you serve on active duty in the U.S. Armed Forces? Mark all that apply.*

- 1 September 2001 or later
- 2 August 1990 to August 2001 (includes Persian Gulf War)
- 3 May 1975 to July 1990
- 4 Vietnam era (August 1964 to April 1975)
- 5 February 1955 to July 1964
- 6 Korean War (July 1950 to January 1955)
- 7 January 1947 to June 1950
- 8 World War II (December 1941 to December 1946)
- 9 November 1941 or earlier
- 77 Don't Know
- 99 Refused

**Demographic Form****[DEM\_C4] oef\_oif**

*Did you deploy in support of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF)?*

- 1 Yes
- 0 No
- 77 Don't Know
- 99 Refused

**[DEM\_C5] combat\_warzone**

*Did you ever serve in a combat or war zone? [NOTE: persons serving in a combat or war zone usually receive combat zone tax exclusion, imminent danger pay, or hostile fire pay.]*

- 1 Yes
- 0 No
- 77 Don't Know
- 99 Refused

**[DEM\_C6] rank**

*What is your current rank, or the last rank held when you separated from the military?*

- 1 E1-E4
- 2 E5-E6
- 3 E7-E9
- 4 Warrant/Chief Warrant Officer
- 5 O1-O3
- 6 O4-O6
- 7 O7-O10
- 77 Don't Know
- 99 Refused

**[DEMC7] discharge\_status**

*What is your discharge status? (if applicable)*

- 1 Honorable
- 2 General Under Honorable Conditions
- 3 Other than Honorable
- 4 Bad Conduct Discharge
- 5 Dishonorable
- 6 Uncategorized
- 7 Not applicable (still active)
- 77 Don't Know
- 99 Refused

Subject ID

Interviewer Initials

**Demographic Form**

**D. SCI History**

**[DEM\_D1] inj\_years**

How long have you been injured? \_\_\_\_\_ years

**[DEM\_D2] inj\_lvl**

What is your level of injury?

- |         |               |        |            |          |
|---------|---------------|--------|------------|----------|
| 1 C0/C1 | 7 C7          | 13 T5  | 19 T11     | 25 L5    |
| 2 C2    | 8 C8          | 14 T6  | 20 T12     | 26 S1    |
| 3 C3    | 9 T1          | 15 T7  | 21 L1      | 27 S2    |
| 4 C4    | 10 T2         | 16 T8  | 22 L2      | 28 S3    |
| 5 C5    | 11 T3         | 17 T9  | 23 L3      | 29 S4/S5 |
| 6 C6    | 12 T4         | 18 T10 | 24 L4      |          |
|         | 77 Don't know |        | 99 Refused |          |

**[DEM\_D3] asia**

What is your ASIA classification?

- 1 Known: A - Complete - no motor or sensory function is preserved in the sacral segments
- 2 Known: B - Incomplete - sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5.
- 3 Known: C - Incomplete - motor function is preserved below the neurological level, and at least half of the key muscles below the neurological level have a grade of less than 3.
- 4 Known: D - Incomplete - motor function is preserved below the neurological level, and at least half of the key muscles below the neurological level have a grade of 3 or more.
- 5 Known: E - Normal - motor and sensory function are normal.
- 6 Unknown: Complete - no motor or sensory function below the level of the lesion.
- 7 Unknown: Incomplete - motor or sensory function preserved below the level of lesion
- 77 Don't know
- 99 Refused

**[DEM\_D4] injured**

Were you injured during...?

- 1 Active service
- 2 Active duty – but on leave
- 3 After military service
- 77 Don't know
- 99 Refused

\_\_\_\_\_  
*Subject ID*

\_\_\_\_\_  
*Interviewer Initials*

**Demographic Form**

**[DEM\_D5] etiology**

*How were you injured?*

- 1 Motor vehicle accident
- 2 Fall
- 3 Diving
- 4 Other Sport(s)
- 5 Gunshot wound / violence
- 6 Other → Complete **[DEM\_D5a]**
- 77 Don't know
- 99 Refused

**[DEM\_D5a] etiology\_other**

*Please describe how you were injured:* \_\_\_\_\_

<b>E. Health Status</b>
-------------------------

**[DEM\_E1] dis\_learning**

*Have you ever been diagnosed with an Academic or Learning Disability?*

- 1 Yes → Complete **[DEM\_E1a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_E1a] dis\_learning\_specify**

*Please describe your learning disability:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**[DEM\_E2] genhealth**

*In general, would you say your health is...?*

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_E3] adlassistance**

*In the past week, how much assistance did you require in the following activities due to your SCI?*

**a. Bathing**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**b. Eating**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**c. Transferring from a bed or chair**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**d. Using the toilet**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**e. Walking around your home**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**f. Dressing – upper body**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**g. Dressing – lower body**

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**Demographic Form**

## h. Preparing meals

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

## i. Managing your money

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

## j. Doing household chores

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

## k. Using the telephone

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

## l. Taking medications properly

- |   |                                 |
|---|---------------------------------|
| 1 I can do without any assistance         | 2 I can do with some assistance |
| 3 I am completely dependent on assistance | 4 I do not do this activity     |
| 77 Don't know                             | 99 Refused                      |

**[DEM\_E4] aidattendance**

*Are you currently in need of the aid and attendance of another person?*

- |    |            |
|----|------------|
| 1  | Yes        |
| 0  | No         |
| 77 | Don't know |
| 99 | Refused    |

**[DEM\_E5] housebound**

*Are you permanently housebound?*

- |    |            |
|----|------------|
| 1  | Yes        |
| 0  | No         |
| 77 | Don't know |
| 99 | Refused    |



**Demographic Form****[DEM\_E6] cigarettes**

*Do you now smoke cigarettes every day, some days, or not at all?*

- 2 Every day
- 1 Some days
- 0 Not at all
- 77 Don't know
- 99 Refused

**[DEM\_E7] alcohol**

*Do you now consume alcohol every day, some days, or not at all?*

- 2 Every day
- 1 Some days
- 0 Not at all
- 77 Don't know
- 99 Refused

**F. Benefits and Insurance****[DEM\_F1] vahc\_enrollcurrent**

*Are you currently enrolled in the VA system for health care?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_F2] vahc\_enrolleever**

*Have you ever been enrolled in VA health care?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_F3] usedvahcbenefits**

*Have you ever used any VA health care benefits?*

- 1 Yes
- 0 No → Complete **[DEM\_F3a]**
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_F3a] reasonsnovabenefits**

*What are the reasons' you never used any VA health care benefits? Mark all that apply.*

- 0 Did not need any care
- 1 Not aware of VA health care benefits
- 2 Not entitled to or eligible for health care benefits
- 3 Do not know how to apply for health care benefits
- 4 Did not need to want assistance from VA
- 5 too much trouble or red tape
- 6 Never considered getting any health care from VA
- 7 Don't think VA health care would be as good as that available elsewhere
- 8 I use other sources for health care
- 9 VA care is difficult to access (parking, distance, appointment availability)
- 10 Applied, but was told that I am not eligible
- 11 Other → Complete **[DEM\_F3a1]**
- 77 Don't know
- 99 Refused

**[DEM\_F3a1] reasonsnovabenefits\_other**

*Please describe other reason:* \_\_\_\_\_

**[DEM\_F4] benefits\_understand**

*Please indicate how much you understand about the following statements regarding the Veterans benefits provided by the Department of Veterans Affairs (VA).*

a. The Veterans benefits that are available to me

- |               |        |            |              |
|---------------|--------|------------|--------------|
| 3 A lot       | 2 Some | 1 A little | 0 Not at all |
| 77 Don't know |        | 99 Refused |              |

b. The Veterans health care benefits I'm entitled to

- |               |        |            |              |
|---------------|--------|------------|--------------|
| 3 A lot       | 2 Some | 1 A little | 0 Not at all |
| 77 Don't know |        | 99 Refused |              |

c. The Veterans burial benefits available to me

- |               |        |            |              |
|---------------|--------|------------|--------------|
| 3 A lot       | 2 Some | 1 A little | 0 Not at all |
| 77 Don't know |        | 99 Refused |              |

d. The Veterans education and training benefits I'm entitled to from VA

- |               |        |            |              |
|---------------|--------|------------|--------------|
| 3 A lot       | 2 Some | 1 A little | 0 Not at all |
| 77 Don't know |        | 99 Refused |              |

e. The Veterans life insurance benefits I'm entitled to

---

*Subject ID*

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*Interviewer Initials*

**Demographic Form**

3 A lot  
77 Don't know

2 Some

1 A little  
99 Refused

0 Not at all

f. The Veterans Home Loan Guaranty benefits I'm entitled to

3 A lot  
77 Don't know

2 Some

1 A little  
99 Refused

0 Not at all

**[DEM\_F5] benefits\_info**

*In the past 12 months, have you looked for information on the following benefits and services?*

a.	Eligibility for VA health care	1 Yes	0 No
b.	VA health care facility locations	1 Yes	0 No
c.	VA life insurance	1 Yes	0 No
d.	VA home loans	1 Yes	0 No
e.	VA education and training	1 Yes	0 No
f.	VA vocational rehabilitation	1 Yes	0 No
g.	VA burial and memorial benefits	1 Yes	0 No
h.	VA disability compensation and pension	1 Yes	0 No
i.	VA benefits for dependents and survivors	1 Yes	0 No
j.	VA transition assistance	1 Yes	0 No
k.	VA prescription benefits	1 Yes	0 No

**[DEM\_F6] serviceconnection**

*Do you have a service-connected disability?*

1 Yes → Complete **[DEM\_F6a-b]**  
0 No  
77 Don't know  
99 Refused

**[DCR\_F6a] nowprevent**

*Does your VA service-connected disability currently keep you from getting or holding a job?*

1 Yes  
0 No  
77 Don't know  
99 Refused

**Demographic Form****[DCR\_F6b] everprevent**

*Has your VA service-connected disability ever prevented you from getting or holding a job?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_F7] monthlydispay**

*Are you currently receiving monthly disability payments from the VA?*

- 1 Yes → Complete **[DEM\_F7a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DCR\_F7a] importbenefit**

*During the past year, how important was the disability payment benefit you received from VA in helping you meet your financial needs?*

- 4 Extremely important
- 3 Very important
- 2 Moderately important
- 1 Slightly important
- 0 Not at all important
- 77 Don't know
- 99 Refused

**[DEM\_F8] healthcoverage**

*Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark all that apply.*

- 0 No health insurance → Skip to **[DEM\_F10]**
- 1 Insurance through a current or former employer or union (of yours or another family member)
- 2 Insurance purchased directly from an insurance company (by you or another family member)
- 3 Medicare, for people 65 or older, or people with certain disabilities
- 4 Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disabilities
- 5 VA (including those who have ever used or enrolled for VA health care)
- 6 TRICARE, TRICARE for Life or other military health care
- 7 Indian Health Service
- 8 Any other type of health insurance or health coverage plan → Complete **[DEM\_F8a]**
- 77 Don't know                      99 Refused

**Demographic Form****[DEM\_F8a] healthcoverage\_other**

Please specify other type of coverage: \_\_\_\_\_

**[DEM\_F9] coverageprovider**

Who provides this coverage? Mark all that apply.

- 1 Current employer, including COBRA coverage
- 2 Former employer
- 3 Individually purchased coverage
- 4 Federal, State, County, or local community health services program
- 5 Family member, such as a spouse, parent, etc
- 6 From somewhere else → Complete **[DEM\_F9a]**
- 77 Don't know
- 99 Refused

**[DEM\_F9a] coverageprovider\_other**

Please specify other provider: \_\_\_\_\_

**[DEM\_F10] prescripinsur**

Do you currently have insurance coverage for prescription drugs?

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_F11] prescripinsur\_va**

Do you currently have prescription drug coverage from VA?

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_F12] insuranceopinion**

How much do you agree or disagree with the following statements?

a. I feel I know what is available to me through my VA health coverage

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

b. My family has a health insurance plan that adequately covers me and my family

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

**Demographic Form****G. Health Care****[DEM\_G1] vahealthcare**

*In the last 6 months, did you use any VA health care services, or did you have any of your health care paid for by VA?*

- 1 Yes – I received services at the VA, or they were paid for by the VA
- 0 No – I received services, but not from VA and were not paid for by VA → Complete [DEM\_G1a]
- 00 No – I did not receive any health care services → Complete [DEM\_G1a]
- 77 Don't know/don't remember
- 99 Refused

**[DEM\_G1a] reasonsnovahc**

*What were the reasons you didn't use the VA health care services in the past six months? Mark all that apply.*

- 0 Do not need any care
- 1 Not aware of the VA health care benefits
- 2 Do not believe self-entitled to or eligible for health care benefits
- 3 Bad prior experience
- 4 Do not know how to apply for health care benefits
- 5 Do not need to want assistance from VA
- 6 Applying for health care benefits too much trouble or red tape
- 7 Never considered getting any health care from VA
- 8 Don't think VA health care would be as good as that available elsewhere
- 9 Uses other sources for health care
- 10 VA care is difficult to access (parking and/or appointment availability)
- 11 I do not feel welcome at VA
- 12 VA does not provide the services that I need
- 13 Other → Complete [DEM\_G1a1]
- 77 Don't know
- 99 Refused

**[DEM\_G1a1] reasonsnovahc\_other**

*Please describe other reason:* \_\_\_\_\_

**Demographic Form**

The following questions ask about health services  
you may have used for yourself in the last six (6) months.

**[DEM\_G2] hospmedical**

*In the last six months, have you stayed in a hospital for medical or surgical care?*

- 1 Yes → Complete **[DEM\_G2a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G2a] hospmedical\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G3] outpatient**

*In the last six months, have you had outpatient care for doctor visits, urgent care, routine exams, medical tests, or shots?*

- 1 Yes → Complete **[DEM\_G3a]**
- 0 No
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_G3a] outpatient\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G4] hospmental**

*In the last six months, have you stayed in a hospital for mental health or substance abuse treatment?*

- 1 Yes → Complete **[DEM\_G4a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G4a] hospmental\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused



**Demographic Form****[DEM\_G5] opmental**

*In the last six months, have you had outpatient visits for psychological counseling, therapy or mental health, or substance abuse treatment?*

- 1 Yes → Complete **[DEM\_G5a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G5a] opmental\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G6] prescripmeds**

*In the last six months, have you used prescription medications?*

- 1 Yes → Complete **[DEM\_G6a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G6a] prescripmeds\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_G7] otcmeds**

*In the last six months, have you used over the counter medications?*

- 1 Yes → Complete **[DEM\_G7a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G7a] otcmeds\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G8] homehealthcare**

*In the last six months, have you had in-home health care for yourself?*

- 1 Yes → Complete **[DEM\_g8A]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G8a] homehealthcare\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_G9] wcmaintenance**

*In the last six months, has your wheelchair needed any repairs or maintenance?*

- 1 Yes → Complete **[DEM\_G9a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G9a] wcmaintenance\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G10] eyesears**

*In the last six months, have you had care for hearing aids or eye glasses?*

- 1 Yes → Complete **[DEM\_G10a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G10a] eyesears\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_G11] rehabovernight**

*In the last six months, have you stayed overnight in a rehabilitation hospital or nursing care facility?*

- 1 Yes → Complete **[DEM\_G11a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G11a] rehabovernight\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G12] dental**

*In the last six months, have you had any dental care or visited a dentist?*

- 1 Yes → Complete **[DEM\_G12a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G12a] dental\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**Demographic Form****[DEM\_G13] ercare**

*In the last six months, have you visited or had care in an emergency room?*

- 1 Yes → Complete **[DEM\_G13a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G13a] ercare\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G14] othermedtreatment**

*In the last six months, have you had any other types of medical treatment?*

- 1 Yes → Complete **[DEM\_G14a-b]**
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G14a] othermedtreatment\_specify**

*Please specify other medical treatments:* \_\_\_\_\_

**Demographic Form****[DEM\_G14b] othermedtreatment\_finance**

*What source or sources provided the financial support for that care? Mark all that apply.*

- 1 VA (Department of Veterans Affairs)
- 2 CHAMPUS, CHAMPVA, or TRICARE (military)
- 3 Medicare, including Medigap supplement
- 4 Medicaid/Medical Assistance
- 5 Some other federal/state/local government program
- 6 Private insurance purchased directly or by a family member, through a union, or from a current or former employer
- 7 Out of pocket by you or your family (copayment)
- 8 Some other source
- 77 Don't know
- 99 Refused

**[DEM\_G15] singleprovider**

*I have one particular health care provider who is in charge of my care.*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DEM\_G16] opinionvahc**

*How much do you agree or disagree with the following statements?*

a. If the cost of health care to me increases, I will use VA more

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

b. I would only use VA if I did not have access to any other source of health care

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

c. I have a doctor outside VA who I really trust

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

d. Veterans who can afford to use other sources of health care should leave VA to those who really need it

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

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**Demographic Form**

e. Veterans like me who use VA are satisfied with the health care they receive

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

f. VA health care providers explain treatment/diagnoses in a way that patients can understand

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

g. There is a VA provider in my area that offers all of the health care services that Veterans like me need

- |                    |               |                              |            |                       |
|--------------------|---------------|------------------------------|------------|-----------------------|
| 1 Completely Agree | 2 Agree       | 3 Neither agree nor disagree | 4 Disagree | 5 Completely disagree |
|                    | 77 Don't know |                              | 99 Refused |                       |

**[DEM\_G17]**

*What is the primary way you plan to use VA health care in the future?*

- |   |   |
|---|---|
| 1 | As your primary source of health care                             |
| 2 | In addition to non-VA care for some services                      |
| 3 | A "safety net" to use only if I lose other sources of health care |
| 4 | For prescriptions   |
| 5 | For specialized care  |
| 6 | Some other way  |
| 7 | No plans to use VA for health care                                |

## Appendix 2. Disability compensation rating form



**Disability Rating Compensation (DCR) Form****A. Service Connection****[DCR\_A1] applied***Have you ever applied for VA disability compensation benefits?*

- 1 Yes
- 0 No → Complete **[DCR\_A1a-b]**

**[DCR\_A1a] whynotapplied***What are the reasons you haven't applied for any VA disability benefits? Mark all that apply*

- 1 Don't have a service connected disability
- 2 Not aware of VA service-connected disability program
- 3 Don't think I'm entitled or eligible
- 4 Getting military disability pay
- 5 Getting disability income from another source
- 6 Don't think disability is severe enough
- 7 Don't know how to apply
- 8 Don't want any assistance
- 9 Don't need assistance
- 10 Apply is too much trouble or red tape
- 11 Never thought about it
- 12 Other → Complete **[DCR\_A1a1]**
- 77 Don't know
- 99 Refused

**[DCR\_A1a1] whynotapplied\_other***Please specify other reason: \_\_\_\_\_***[DCR\_A1b] complete***The rest of this questionnaire asks about the specific types of compensation benefits one would be receiving from VA. Thank you for completing this questionnaire.***[End Questionnaire]****[DCR\_A2] monthlydisabilitypayments***Are you currently receiving monthly disability payments from VA?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**Disability Rating Compensation (DCR) Form****[DCR\_A3] haverating***Do you have a VA service-connected disability rating?*

- 1 Yes
- 0 No → Skip to **[DCR\_A7]**
- 77 Don't know
- 99 Refused

**[DCR\_A4] discombat***Is your disability the result of an injury or illness that happened in the line of military duty?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DCR\_A5] disagg***Is your disability the result of a pre-existing injury or illness that was aggravated by military duty?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

***If participant responds "0 No" to both DCR\_A4 and DCR\_A5:*****[DCR\_A4-5] disratexp***Please explain how the VA determined your disability rating*


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**[DCR\_A6] disrating***What is your current VA service-connected disability rating?*

- |   |     |   |     |    |            |
|---|-----|---|-----|----|------------|
| 1 | 0%  | 5 | 40% | 9  | 80%        |
| 2 | 10% | 6 | 50% | 10 | 90%        |
| 3 | 20% | 7 | 60% | 11 | 100%       |
| 4 | 30% | 8 | 70% | 77 | Don't know |
|   |     |   |     | 99 | Refused    |

**Disability Rating Compensation (DCR) Form****[DCR\_A7] typeincome**

*What sort of VA disability income are you receiving? Mark all that apply.*

- 1 Service-connected disability compensation
- 2 Non-service-connected disability pension
- 3 Other → Complete **[DCR\_A7a]**
- 0 None
- 77 Don't know
- 99 Refused

**[DCR\_A7a] typeincome\_specified**

*Please specify other VA disability income:* \_\_\_\_\_

**[DCR\_A8] catastrophidisable**

*Are you considered a catastrophically disabled Veteran?*

- 1 Yes
- 0 No
- 77 Don't know
- 99 Refused

**[DCR\_A9] compensationother**

*Do you receive disability compensation from any agencies outside of VA?*

- 1 Yes → Complete **[DCR\_A9a]**
- 0 No
- 77 Don't know
- 99 Refused

**[DCR\_A9a] typecompensationother**

*What type of non-VA disability compensation benefits do you receive? Mark all that apply.*

- 1 Disability benefits from the Department of Defense (DoD)
- 2 Worker's Compensation
- 3 Social Security Disability Benefits
- 4 Other → Complete **[DCR\_A9a1]**

**[DCR\_A9a1] typecompensationother\_specify**

*Please specify other types of disability benefits:* \_\_\_\_\_

**Disability Rating Compensation (DCR) Form****B. Areas of Compensation**

\*NOTE: complete this section only if participant answered [DCR\_A2] = "1 Yes"

**[DCR\_B1] disrating\_multipleareas**

*Is your disability rating based on multiple disabilities?*

- 2 Yes, on 4 or more disabilities
- 1 Yes, on 2 to 3 disabilities
- 0 No, I have one disability
- 77 Don't know
- 99 Refused

**[DCR\_B2] disrating\_conditions**

*Do you know what types of conditions make up your combined disability rating?*

- 1 Yes → Complete [DCR\_B2a]
- 0 No
- 77 Don't know
- 99 Refused

**[DCR\_B2a] disrating\_conditionspecific**

*What conditions are you rated in? Mark all that apply.*

- 1 Loss of upper extremities
- 2 Loss of lower extremities
- 3 Neurogenic bowel
- 4 Neurogenic bladder
- 5 Other → Complete [DCR\_B2a1]

**[DCR\_B2a1] disrating\_conditionspecific\_other**

*Please specify other conditions*

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\_\_\_\_\_  
Subject ID

\_\_\_\_\_  
Interviewer Initials

### **Disability Rating Compensation (DCR) Form**

#### **C. Screening Outcomes**

**[DCR\_C1] nonserviceconnected\_sci**

*If DCR\_A1 = "2 No" → NSC\_SCI*

**[DCR\_C2] serviceconnected\_sci**

*If DCR\_B2a = "1 Loss of upper extremities," "2 Loss of lower extremities,"  
"3 Neurogenic bowel," or "4 Neurogenic bladder," → SC\_SCI*

**[DCR\_C3] serviceconnected\_other**

*If DCR\_B2a = "5 Other", → SC\_Other*

#### **D. Interviewer Confirmations**

**[DCR\_D1] disrating\_confirm**

*Confirm combined disability rating: \_\_\_\_\_ % (0-100, in multiples of 10)*

**[DCR\_D2] areas\_confirms**

*Confirm areas/disabilities rated in:*

- #1 \_\_\_\_\_
- #2 \_\_\_\_\_
- #3 \_\_\_\_\_
- #4 \_\_\_\_\_
- #5 \_\_\_\_\_
- #6 \_\_\_\_\_
- #7 \_\_\_\_\_
- #8 \_\_\_\_\_
- #9 \_\_\_\_\_
- #10 \_\_\_\_\_

### Appendix 3. SES and Economic Hardship Questionnaire

**SES and Economic Hardship Form****A. Global****[SES\_A1] needs**

*In the past 12 months, was there ever a time when you did not have enough money to meet your needs?*

- 1 Yes, there were times when I did not have enough money to meet my daily needs
- 0 No, I always had enough money to meet my daily needs

**[SES\_A2] bills**

*In the past 12 months, was there ever a time when you did not have enough money to pay your monthly bills?*

- 1 Yes, there were times when I did not have enough money to pay my monthly bills
- 0 No, I always had enough money to pay my monthly bills

**B. Necessities****[SES\_B1] food**

*In the past 12 months was there ever a time when you did not have enough money for food?*

- 1 Yes, there were times when I did not have enough money for food
- 0 No, I always had enough money for food

**[SES\_B2] rent**

*In the past 12 months was there ever a time when you did not have enough money for your rent or house payment?*

- 1 Yes, there were times when I did not have enough money for my rent or house payment
- 0 No, I always had enough money to pay my rent or house payment

**[SES\_B3] utility**

*In the past 12 months was there ever a time when you did not have enough money to pay your utility bills? (e.g. electricity, gas, telephone)*

- 1 Yes, there were times when I did not have enough money to pay my utility bills
- 0 No, I always had enough money to pay my utility bills

**SES and Economic Hardship Form****C. Health Care****[SES\_C1] medical**

*In the past 12 months, was there ever a time when you did not have enough money for your medical care for you or a family member?*

- 1 Yes, there were times when I did not have enough money for my medical care expenses
- 0 No, I always had enough money for my medical care expenses

**[SES\_C2] medicine**

*In the past 12 months, was there ever a time when you did not have enough money for your prescribed medicines for you or a family member?*

- 1 Yes, there were times when I did not have enough money for my prescribed medicines
- 0 No, I always had enough money for my prescribed medicines